

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**09/890211**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		①				
5		①				
6		①				
7		①				
8		①				
9		①				
10		①				
11		①				
12		①				
13	1					
14		1				
15		1				
16		1				
17		1				
18		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	18					
TOTAL CLAIMS	20					

	*		*		*
	IND.	DEP.	IND.	DEP.	
51					
52					
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97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS